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CONFIRMATION NO. 8102

Bib Data Sheet

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|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 09/539,459 | FILING OR 371(c) DATE 03/30/2000 RULE | CLASS 709 | GROUP ART UNIT 2141 | ATTORNEY DOCKET NO. A-66954/RMA |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

Allen King, San Jose, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/127,233 03/31/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/02/2000

| | | | | |
|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 6 | TOTAL CLAIMS 40 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | | | | |

ADDRESS

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TITLE

METHOD AND STRUCTURE FOR EFFICIENTLY RETRIEVING STATUS FOR SCSI ACCESSED FAULT-TOLERANT ENCLOSURE (SAF-TE) SYSTEMS

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|------------------------------------|---|---|
| FILING FEE RECEIVED 1732 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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| SERIAL NUMBER 09/539,459 | FILING DATE 03/30/2000 RULE - | CLASS 709 | GROUP ART UNIT 2756 | ATTORNEY DOCKET NO. A-66954/RMA | |
| APPLICANTS Allen King, San Jose, CA ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/02/2000 - | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY CA | SHEETS DRAWING 6 | TOTAL CLAIMS 40 | INDEPENDENT CLAIMS 4 |
| ADDRESS Flehr Hohbach Albritton & Herbert LLP Four Embarcadero Center Suite 3400 San Francisco ,CA 94111-4187 | | | | | |
| TITLE Method and structure for efficiently retrieving status for scsi accessed fault-tolerant enclosure (saf-te) systems | | | | | |
| FILING FEE RECEIVED 1258 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees | | |
| | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
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